

June 21, 2016

ATC Group Services
Attn: Mr. Robert Smith
46555 Humboldt, Suite 100
Novi, MI 48377

Project: Matrix Human Services

Dear Mr. Robert Smith,

Enclosed is a copy of the laboratory report for the following work order(s) received by TriMatrix Laboratories:

Work Order	Received	Description
1606223	06/09/2016	Hernandez

This report relates only to the sample(s) as received. Test results are in compliance with the requirements of the National Environmental Laboratory Accreditation Program (NELAP) and/or one of the following certification programs:

ANAB DoD-ELAP/ISO17025 (#ADE-1542); Arkansas DEP (#88-0730/13-049-0); Florida DEP (#E87622-24); Georgia EPD (#E87622-24); Illinois DEP (#200026/003329); Kentucky DEP (AL123065/#0021); Michigan DPH (#0034); Minnesota DPH (#491715); New York ELAP (#11776/53116); North Carolina DNRE (#659); Virginia DCLS (#460153/7952); Wisconsin DNR (#999472650); USDA Soil Import Permit (#P330-14-00305).

Any qualification or narration of results, including sample acceptance requirements and test exceptions to the above referenced programs, is presented in the Statement of Data Qualifications and Project Technical Narrative sections of this report. Estimates of analytical uncertainties and certification documents for the test results contained within this report are available upon request.

If you have any questions or require further information, please do not hesitate to contact me.

Sincerely,



Gary L. Wood
Project Chemist

PROJECT TECHNICAL NARRATIVE(s)

No Project Narrative is associated with this report.

STATEMENT OF DATA QUALIFICATIONS

All analyses have been validated and comply with our Quality Control Program.
No Qualification is required.

ANALYTICAL REPORT

Client: **ATC Group Services**
 Project: Matrix Human Services
 Client Sample ID: **1-F-P-HZ, Kitchen Faucet**
 Lab Sample ID: **1606223-01**
 Matrix: Drinking Water

Work Order: **1606223**
 Description: Hernandez
 Sampled: 06/01/16 06:50
 Sampled By: Andrew Rauser
 Received: 06/09/16 16:30

Metals in Drinking Water by EPA 200 Series Methods

Analyte	Analytical Result	RL	Action Limit	Unit	Dilution Factor	Method	Date Time Analyzed	By	QC Batch
Lead	<0.0010	0.0010	0.015	mg/L	1	USEPA-200.8 Rev. 5.4	06/20/16 11:10	MSB	1606242

ANALYTICAL REPORT

Client: **ATC Group Services**
Project: Matrix Human Services
Client Sample ID: **2-F-P-HZ, Staff Lounge Faucet**
Lab Sample ID: **1606223-03**
Matrix: Drinking Water

Work Order: **1606223**
Description: Hernandez
Sampled: 06/01/16 06:53
Sampled By: Andrew Rauser
Received: 06/09/16 16:30

Metals in Drinking Water by EPA 200 Series Methods

Analyte	Analytical Result	RL	Action Limit	Unit	Dilution Factor	Method	Date Time Analyzed	By	QC Batch
Lead	0.0011	0.0010	0.015	mg/L	1	USEPA-200.8 Rev. 5.4	06/20/16 11:11	MSB	1606242

ANALYTICAL REPORT

Client: ATC Group Services	Work Order: 1606223
Project: Matrix Human Services	Description: Hernandez
Client Sample ID: 3-DF-P-HZ, Hernandez Center Hallway Drinking	Sampled: 06/01/16 06:56
Lab Sample ID: 1606223-05	Sampled By: Andrew Rauser
Matrix: Drinking Water	Received: 06/09/16 16:30

Metals in Drinking Water by EPA 200 Series Methods

Analyte	Analytical Result	RL	Action Limit	Unit	Dilution Factor	Method	Date Time Analyzed	By	QC Batch
Lead	<0.0010	0.0010	0.015	mg/L	1	USEPA-200.8 Rev. 5.4	06/20/16 11:12	MSB	1606242

QUALITY CONTROL REPORT

Metals in Drinking Water by EPA 200 Series Methods

QC Type	Sample Conc.	Spike Qty.	Result	Unit	Spike % Rec.	Control Limits	RPD	RPD Limits	RL
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Analyte: Lead/USEPA-200.8 Rev. 5.4

QC Batch: 1606242 (Metals Direct Analysis)

Analyzed: 06/20/2016 By: MSB

Method Blank			<0.0010	mg/L					0.0010
Laboratory Control Sample		0.0400	0.0383	mg/L	96	85-115			0.0010

PRETREATMENT SUMMARY PAGE

Client: **ATC Group Services**
Project: **Matrix Human Services**

Pretreatment	Lab Sample ID	Batch	By	Date & Time Prepared
USEPA 600/R-94/173	1606223-01	1606242	PNS	06/16/16 12:27
	1606223-03	1606242	PNS	06/16/16 12:27
	1606223-05	1606242	PNS	06/16/16 12:27



Chain of Custody Record

COC No.

160612370

For Lab Use Only

Cart

3

VOA Rack/Tray

Receipt Log No.

22-24

Project Chemist

Jim McFadden

Work Order No.

1606123

5560 Corporate Exchange Court SE, Grand Rapids, MI 49512

Phone (616) 975-4500 Fax (616) 942-7463 www.trimatrixlabs.com

Analyses Requested

Pg. 1 of 1

Client Name
ATC Group Services

Address
46555 Humboldt Drive, Ste 100

City, State Zip
Novi MI 48377

Phone: 248-669-5140 Fax 248-669-5147

Email robert.smith@atcassociates.net

Project Name

Matrix Human Services - Hernandez

Client Project No. / P.O. No.

188BS16284

Invoice To

☒ Client

☐ Other (comments)

Contact/Report To

Robert Smith

Lead - Primary (P)
Lead - Flush (F) - Hold

Container Type (corresponds to Container Packing List)

← PRESERVATIVES
A NONE pH~7
B HNO₃ pH<2
C H₂SO₄ pH<2
D 1+1 HCl pH<2
E NaOH pH>12
F ZnAcO/NaOH pH~9
G MeOH
H Other (note below)

Schedule	Matrix Code	Sample Number	Field Sample ID	Cooler ID	Sample Date	Sample Time	C O M P	D R A B	Matrix	Number of Containers Submitted	Total	Sample Comments
		01	1-F-P-HZ, Kitchen Faucet		6/1/16	650	X	DW	X		1	
		02	1-F-F-HZ, Kitchen Faucet		6/1/16	651	X	DW	X		1	
		03	2-F-P-HZ, Staff lounge faucet		6/1/16	653	X	DW	X		1	
		04	2-F-F-HZ, Staff lounge faucet		6/1/16	654	X	DW	X		1	
		05	3-DF-P-HZ, Hernandez Center Hallway Drinking Fountain		6/1/16	656	X	DW	X		1	
		06	3-DF-F-HZ, Hernandez Center Hallway Drinking Fountain		6/1/16	657	X	DW	X		1	
		7										
		8										
		9										
		10										

Sampled By (print)

Andrew Rausser

Sampler's Signature

Company

How Shipped? Hand Carrier

Comments

If lead or copper is above detection limits, please analyze flush samples

HZ = Hernandez

1. Relinquished By

Date

Time

2. Relinquished By

Date

Time

3. Relinquished By

Date

Time

1. Received By

Date

Time

2. Received By

Date

Time

3. Received For Lab By

Date

Time

ORIGINAL - LABORATORY

COPY - SAMPLER

SAMPLE RECEIVING / LOG-IN CHECKLIST



Client: <u>ATC</u>	Work Order #: <u>1606223</u>
Receipt Record Page/Line #: <u>22-24</u>	Project Chemist: _____ Sample #: _____

Recorded by (initials/date): <u>LA 6/10/16</u>	<input checked="" type="checkbox"/> Cooler <input type="checkbox"/> Box <input type="checkbox"/> Other	Qty Received: <u>1</u>	Thermometer Used: <input checked="" type="checkbox"/> IR Gun (#202) <input type="checkbox"/> Digital Thermometer (#54) <input type="checkbox"/> Other (# _____) <input type="checkbox"/> See Additional Cooler Information Form
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Cooler #	Time	Cooler #	Time	Cooler #	Time	Cooler #	Time	
<u>4m2389</u>	<u>0749</u>							
Custody Seals: <input checked="" type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact		Custody Seals: <input type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact		Custody Seals: <input type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact		Custody Seals: <input type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact		
Coolant Type: <input type="checkbox"/> Loose Ice <input type="checkbox"/> Bagged Ice <input type="checkbox"/> Blue Ice <input checked="" type="checkbox"/> None		Coolant Type: <input type="checkbox"/> Loose Ice <input type="checkbox"/> Bagged Ice <input type="checkbox"/> Blue Ice <input type="checkbox"/> None		Coolant Type: <input type="checkbox"/> Loose Ice <input type="checkbox"/> Bagged Ice <input type="checkbox"/> Blue Ice <input type="checkbox"/> None		Coolant Type: <input type="checkbox"/> Loose Ice <input type="checkbox"/> Bagged Ice <input type="checkbox"/> Blue Ice <input type="checkbox"/> None		
Coolant Location: Dispersed / Top / Middle / Bottom		Coolant Location: Dispersed / Top / Middle / Bottom		Coolant Location: Dispersed / Top / Middle / Bottom		Coolant Location: Dispersed / Top / Middle / Bottom		
Temp Blank Present: <input type="checkbox"/> Yes <input type="checkbox"/> No		Temp Blank Present: <input type="checkbox"/> Yes <input type="checkbox"/> No		Temp Blank Present: <input type="checkbox"/> Yes <input type="checkbox"/> No		Temp Blank Present: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Present, Temperature Blank Location is:		If Present, Temperature Blank Location is:		If Present, Temperature Blank Location is:		If Present, Temperature Blank Location is:		
<input type="checkbox"/> Representative <input type="checkbox"/> Not Representative		<input type="checkbox"/> Representative <input type="checkbox"/> Not Representative		<input type="checkbox"/> Representative <input type="checkbox"/> Not Representative		<input type="checkbox"/> Representative <input type="checkbox"/> Not Representative		
Observed °C	Correction Factor °C	Actual °C	Observed °C	Correction Factor °C	Actual °C	Observed °C	Correction Factor °C	
Temp Blank:			Temp Blank:			Temp Blank:		
Sample 1:	<u>22.8</u>	<u>-</u>	<u>22.8</u>			Sample 1:		
Sample 2:	<u>22.7</u>	<u>-</u>	<u>22.7</u>			Sample 2:		
Sample 3:	<u>22.8</u>	<u>-</u>	<u>22.8</u>			Sample 3:		
3 Sample Average °C: <u>22.8</u>			3 Sample Average °C:			3 Sample Average °C:		
<input type="checkbox"/> Cooler ID on COC? <input type="checkbox"/> VOC Trip Blank received?			<input type="checkbox"/> Cooler ID on COC? <input type="checkbox"/> VOC Trip Blank received?			<input type="checkbox"/> Cooler ID on COC? <input type="checkbox"/> VOC Trip Blank received?		

If any shaded areas checked, complete Sample Receiving Non-Conformance and/or Inventory Form

Paperwork Received Yes No <input checked="" type="checkbox"/> <input type="checkbox"/> Chain of Custody record(s)? If No, Initiated By _____ <input checked="" type="checkbox"/> Received for Lab Signed/Date/Time? <input type="checkbox"/> Shipping document? <input checked="" type="checkbox"/> Other _____ COC Information <input checked="" type="checkbox"/> TriMatrix COC <input type="checkbox"/> Other _____ COC ID Numbers: _____	Check Sample Preservation N/A Yes No <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Temperature Blank OR average sample temperature, ≥6° C? <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> If either is ≥6° C, was thermal preservation required? If "Yes", Project Chemist Approval Initials: _____ If "Yes" Completed Non Con Cooler - Cont Inventory Form? <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Completed Sample Preservation Verification Form? <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Samples chemically preserved correctly? If "No", added orange tag? <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Received pre-preserved VOC soils? <input type="checkbox"/> MeOH <input type="checkbox"/> Na ₂ SO ₄
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Check COC for Accuracy Yes No <input checked="" type="checkbox"/> <input type="checkbox"/> Analysis Requested? <input checked="" type="checkbox"/> <input type="checkbox"/> Sample ID matches COC? <input checked="" type="checkbox"/> <input type="checkbox"/> Sample Date and Time matches COC? <input checked="" type="checkbox"/> <input type="checkbox"/> Container type completed on COC? <input checked="" type="checkbox"/> <input type="checkbox"/> All container types indicated are received?	Check for Short Hold-Time Prep/Analyses <input type="checkbox"/> Bacteriological <input type="checkbox"/> Air Bags <input type="checkbox"/> EnCores / Methanol Pre-Preserved <input type="checkbox"/> Formaldehyde/Aldehyde <input type="checkbox"/> Green-tagged containers <input type="checkbox"/> Yellow/White-tagged 1 L ambers (SV Prep-Lab)
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Sample Condition Summary N/A Yes No <input checked="" type="checkbox"/> <input type="checkbox"/> Broken containers/lids? <input checked="" type="checkbox"/> <input type="checkbox"/> Missing or incomplete labels? <input checked="" type="checkbox"/> <input type="checkbox"/> Illegible information on labels? <input checked="" type="checkbox"/> <input type="checkbox"/> Low volume received? <input checked="" type="checkbox"/> <input type="checkbox"/> Inappropriate or non-TriMatrix containers received? <input checked="" type="checkbox"/> <input type="checkbox"/> VOC vials / TOX containers have headspace? <input checked="" type="checkbox"/> <input type="checkbox"/> Extra sample locations / containers not listed on COC?	Notes <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> AFTER HOURS ONLY: COPIES OF COC TO LAB AREA(S) <input checked="" type="checkbox"/> NONE RECEIVED <input type="checkbox"/> RECEIVED, COCs TO LAB(S) </div>
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Client: <u>ATC Group Services</u> Receipt Log #: _____	Work Order #: <u>1000223</u> Project Chemist: _____ Completed By (initials/date): <u>AK 6/10/16</u>
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COC ID # <u>160612370</u>				Adjusted by: _____ Date: _____		DO NOT ADJUST pH FOR THESE CONTAINER TYPES			
Container Type	5 / 23	4	13	6	15				
Tag Color	Lt. Blue	Blue	Brown	Red	Red Stripe				
Preservative	NaOH	H ₂ SO ₄	H ₂ SO ₄	HNO ₃	HNO ₃				
Expected pH	>12	<2	<2	<2	<2				
COC Line #1				✓					
COC Line #2				✓					
COC Line #3				✓					
COC Line #4				✓					
COC Line #5				✓					
COC Line #6				✓					
COC Line #7									
COC Line #8									
COC Line #9									
COC Line #10									

pH Strip Reagent # <input checked="" type="checkbox"/> 6040263 <input type="checkbox"/> _____
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Aqueous Samples: For each sample and container type, check the box if pH is acceptable. If pH is not acceptable for any sample container, record pH in box, and note on Sample Receiving Checklist and on Sample Receiving Non-Conformance Form. If approved by Project Chemist, add acid or base to the sample to achieve the correct pH. Add up to, but do not exceed 2x the volume initially added at container prep (see table below for initial volumes used). Add orange pH tag to sample container and record information requested. Record adjusted pH on this form. Do not adjust pH for container types 6 and 15.

COC ID # _____				Adjusted by: _____ Date: _____		DO NOT ADJUST pH FOR THESE CONTAINER TYPES			
Container Type	5 / 23	4	13	6	15				
Tag Color	Lt. Blue	Blue	Brown	Red	Red Stripe				
Preservative	NaOH	H ₂ SO ₄	H ₂ SO ₄	HNO ₃	HNO ₃				
Expected pH	>12	<2	<2	<2	<2				
COC Line #1									
COC Line #2									
COC Line #3									
COC Line #4									
COC Line #5									
COC Line #6									
COC Line #7									
COC Line #8									
COC Line #9									
COC Line #10									

Container Size (mL)	Original Vol. of Preservative (mL)
Container Type 5	NaOH
500	2.5
1000	5.0
Container Type 4	H ₂ SO ₄
125	0.5
250	1.0
500	2.0
1000	4.0
Container Type 13	H ₂ SO ₄
500	2.5